

October 4, 2000

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DIRECTIVE: JOB CORPS INFORMATION NOTICE NO. 00-06

TO: ALL JOB CORPS NATIONAL OFFICE SENIOR STAFF
ALL JOB CORPS REGIONAL DIRECTORS
ALL JOB CORPS CENTER DIRECTORS
ALL JOB CORPS CENTER OPERATORS
ALL NATIONAL TRAINING AND SUPPORT CONTRACTORS

FROM: RICHARD C. TRIGG
National Director
Job Corps

SUBJECT: Suicide Prevention in Job Corps

1. Purpose. To increase awareness in the prevention of suicide attempts and suicides among Job Corps students.
2. Background. Young people's suicidal behavior is escalating as America's number one mental health concern. In Job Corps, we are also seeing and feeling the impact of this national dilemma. On July 28, 1999, Surgeon General David Satcher released the Surgeon General's Call to Action to Prevent Suicide. According to this report, suicide is the third leading cause of death, behind unintentional injury and homicide, for young people 15-24 years old. Over the last several decades, the suicide rate among young people has increased dramatically. From 1952-1996, the incidence of suicide among adolescents and young adults nearly tripled. From 1980-1996, the rate of suicide among persons aged 15-19 years increased by 14%.

While the suicide rate among young people is greatest among young white males, from 1980 through 1996, the rate increased most rapidly among black males aged 15-19--more than doubling from 3.77 per 100,000 to 8.1 per 100,000. During the period from 1979-1992, suicide rates for Native Americans and some groups of Asian-Americans were higher than the national rates. Lastly, in a survey of 151 high schools around the country, the 1999 Youth Risk Behavior Surveillance System (MMWR 49(SS05); 1-96) found that Hispanic students (18.9 percent) were more likely than white and black students (9.0 percent and 7.5 percent respectively) to have reported a suicide attempt.

Our Job Corps population is among the rising categories affected by suicidality. In Program Year 99 we had 91 suicide attempts (8 off center, 83 on center), 93 suicide threats (6 off center, 87 on center), and 1 suicide (on center). These figures, and the trend among the age group of our students, require our utmost attention in screening, suicide prevention, and our standard procedures for dealing with suicidal behavior on center.

Suicide is a complex behavior usually caused by a combination of factors. Almost all people who kill themselves have a diagnosable mental or substance abuse disorder or both, and the majority have a depressive illness. The most promising way to prevent suicide and suicidal behavior is through the early recognition and treatment of depression and other psychiatric illnesses.

Many of our students who attempt suicide enter into the Job Corps program may not reveal a history of mental health difficulties. However, we are finding that many of these students have not only significant mental health histories, but a history of previous suicide attempts.

In our Job Corps population, the strongest risk factors are depression, alcohol and/or other drug use disorders, and aggressive or disruptive behaviors. Consequently, the recognition of these factors, coupled with appropriate evaluation, is one of the most promising ways to prevent suicide and suicidal behavior on center.

Admission counselors (ACs) **must** pay closer attention to gathering accurate information from potential students and, when necessary, securing additional history on applicants from previous mental health providers (e.g., physicians, clinics, hospitals), employers, schools, family members, etc.

In terms of suicide attempts, the majority of suicide attempts in this age range are expressions of extreme distress that need to be addressed, and not viewed as just harmless bids for attention. A suicidal student should not be left alone and needs to be referred for immediate mental health services. According to the Centers for Disease Control and Prevention, young people who make one attempt are at elevated risk to make another attempt. This repetition is most likely to occur within 3 months of the initial attempt. In addition, exposure to suicide may increase risk for suicidal behaviors in other youth on center.

3. Action. At the center level, each Job Corps staff person should be trained in recognizing the risk factors associated with suicide (please refer to Program Instruction 95-23, Adolescent Suicide Prevention, dated April 5, 1996). Students who express suicidal thoughts or who attempt suicide, whether it is for

attention or due to a psychiatric disorder, **must** be taken seriously by **all** center staff. Center Directors need to ensure that appropriate assessments by qualified (licensed) mental health professionals (center mental health consultant or an off-center mental health facility) be completed within the guidelines and timeframes shown below:

- Suicide Attempts--Immediately: with one-on-one supervision until assessment by a licensed professional with recommendations is completed.
- Suicidal Ideations--Within 24 hours: with one-on-one supervision until assessment with recommendations is completed.

While suicidal ideations are common among adolescents, suicide attempts are not a normal reaction to stress and the student must be carefully and quickly considered for medical separation.

If a center elects to maintain a student on center, there must be a clear, consistent follow-up plan which includes counseling staff and the center mental health consultant. This plan should be more than a behavioral contract and must be documented in the student's health record.

PRH-5: 5.3, R9 requires that the center physician and Center Director review center standing orders annually. Regional Office staff in reviews of these standing orders should look closely at how centers propose to respond to suicidal behavior. As a follow-up to this review, regional mental health consultants will provide telephone technical assistance to centers, if needed. This is a serious problem that dictates a comprehensive approach from all of us in the Job Corps community.

In addition, the center should also focus on preventative strategies to enhance recognition and referral of trainees. Consider developing any or all of the following:

- ▶ General Suicide Education - Provide trainees with the facts about suicide, alert them to warning signs, and provide information on how to seek help on center for themselves or for others. Incorporate some of the Social Skills topics that focus on self-esteem and social competency.
- ▶ Peer Support Programs - Develop a group of trainees that assist each other with how to deal with sadness, stress and relationship problems.
- ▶ Crisis Management - Provide a clear system of how trainee's access assistance in times of a personal crisis on center.

- ▶ Means Restriction - Centers should continue to maintain strict rules that restrict access to handguns, drugs, medicines, and other means of suicide.
- ▶ Intervention After a Suicide - Each Center should have an intervention plan for how to cope with the crisis caused by suicides or attempted suicides. This can be included in the Center Operating Plan (COP). The Center Mental Health Consultant (CMHC) can be a valuable resource in designing an intervention for staff and trainees to deal with the feelings of loss that come with the sudden death or suicide of a trainee. Particular attention should be given to the friends, dorm mates, and instructors of the trainee.

For an excellent resource in designing your suicide prevention program on center contact the Center for Disease Control at 1-800-311-3435 and request the document Youth Suicide Prevention Programs, published in September 1992. This document can also be downloaded from the CDC at www.cdc.gov/ncipc/pub-res/youthsui.htm

The center can also elect to participate in National Suicide Prevention Month which is in December. For additional information and resources contact the American Association of Suicidology, 4201 Connecticut Avenue, N.W., Suite 408, Washington, DC 20008, 202-237-2280. www.suicidology.org

Another excellent internet resource is the American Foundation for Suicide Prevention. Additional information can be obtained from this resource at www.afsp.org

4. Expiration Date. October 1, 2001.

5. Inquiries. Direct any inquiries to Barbara Grove, RN, at 202-693-3116. Agencies should direct inquiries to DA/FS James Everage at 303-275-5460, DI/NPS William Jones at 202-565-1085, DI/WRB Robert Sims at 303-445-2633, or DI/FWS James Banks at 202-208-4634.